



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

LUFKIN PLASTIC SURGERY
116 CHRISTIE DRIVE
LUFKIN TX 75904

Respondent Name

SERVICE LLOYDS INSURANCE CO

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-12-3327-01

MFDR Date Received

JULY 11, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr. Strinden provided emergency service to the above mentioned patient on 01-06-12 following an open fracture and disruption of fingernail bed of his left thumb...Because our facility is accredited by the Joint Commission for Office Based Surgery we were able to treat the patient here instead of sending him to an Emergency Room for treatment. The bill for this facility charge which includes the supplies used to repair the finger is \$60.00. It was initially billed as 99070 which is not a code Medicare allows, thus according to the DWC rules if a MAR cannot be calculated according to division fee guidelines, and no contract with insurer exists as it does not in this case, they payment should be based on usual and customary. \$60.00 is quite a bit less than the charge which would have been charged if the patient had received his treatment at an emergency facility."

Amount in Dispute: \$60.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "His Request is for supplies he used in treating the IE. Supplies are included in the code for the services and splitting them out as a separate charge is contrary to the Tex. Lab. Code revisions which bring HCP charges into a uniform and understandable set of codes and charges."

Response Submitted by: Harris & Harris

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 6, 2012	CPT Code 99070 for Office Based Surgery Facility Charges	\$60.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 effective March 1, 2008, sets the reimbursement guidelines for the disputed service.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- B15-Procedure/Service is not paid separately.
- RG3-Included in another billed procedure.
- 193-Original payment decision maintained.

Issues

Is the benefit for the disputed service included in the allowance of another service rendered on January 6, 2012?

Findings

The requestor is seeking dispute resolution for CPT code 99070 for the facility fee for the office based surgery.

According to the explanation of benefits, the respondent denied reimbursement for CPT code 99070 based upon reason codes "B15 and RG3."

CPT code 99070 is defined as "Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)."

On the disputed date of service, the requestor also billed for surgical procedures, CPT code 11760 and 26750.

The respondent states in the position summary that "Supplies are included in the code for the services and splitting them out as a separate charge is contrary to the Tex. Lab. Code revisions which bring HCP charges into a uniform and understandable set of codes and charges."

28 Texas Administrative Code §134.203(a)(5), states "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

According to the Medicare Surgery Manual, section 20.4 - Summary of Adjustments to Fee Schedule Computations, "For services after 1995, CMS computes and provides the fee schedule amount for every service discussed above.

Certain adjustments are made in order to arrive at the final fee schedule amount.

Those adjustments are:

- Participating versus nonparticipating differential;
- Reduction for re-operations;
- Site of service payment adjustment;
- Multiple surgeries;
- Bilateral surgery;
- Anti-Markup Payment Limitation;
- Provider providing less than global fee package;
- Assistant at surgery;
- Two surgeons/surgical team; and
- Supplies."

According to the Medicare Surgery Manual, section 20.4.2 - Site of Service Payment Differential, "Under the Medicare Physician Fee schedule (MPFS), some procedures have separate rates for physicians' services when provided in facility and nonfacility settings."

The Division finds that per the Medicare Surgery Manual the fee schedule for the surgical procedures, CPT code 11760 and 26750, has been adjusted for non-facility charges; therefore, the facility fee for the office based surgery is global to the surgical procedures performed. As a result, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	10/11/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.